

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT  
L99000005279

1. DOCUMENT # L99000005279

Name and Mailing Address

0001683 01 FP 0.352 \*\*PRSR T6 0 0615 33122-121636



CYBERTEC TECHNOLOGIES, LLC

7236 NW 31ST ST.

MIAMI FL 33122-1216

FILED

02 DEC 30 AM 8:52

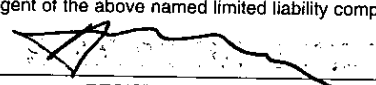
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
7236 NW 31ST ST. MIAMI FL 33122		08/25/1999	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		65-0944830	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name HELMO VELASCO	
		Street Address (P.O. Box Number is Not Acceptable) 7236 NW 31 STREET	
		City MIAMI FL Zip Code 33122	


10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 12/28/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VELASCO, HELMO P	7236 NW 31ST ST.	MIAMI FL 33122
MGR	CARRERA, SILVIA L	7236 NW 31 STREET	MIAMI FL 33122
MGR	VELAZ, RUTH X	7236 NW 31 STREET	MIAMI FL 33122
MGR	VELASCO, HELMO A		
100009746411 12/30/02--01100--003 **155.00			
REINSTATEMENT 02			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date 12/28/02 Daytime Phone # 305-468-0098

Typed or printed name of signing Managing Member/Manager